

## Application Data Sheet

### Application Information

<b>Application number:</b>	Not yet assigned
<b>Filing Date:</b>	Herewith
<b>Application Type:</b>	Regular
<b>Subject Matter:</b>	Utility
<b>Suggested Classification:</b>	
<b>Suggested Group Art Unit:</b>	
<b>CD-ROM or CD-R:</b>	None
<b>Number of CD Disks:</b>	
<b>Number of copies of CDs:</b>	
<b>Sequence Submission?</b>	
<b>Computer Readable Form (CRF)?</b>	
<b>Number of Copies of CFR:</b>	
<b>Title:</b>	METHOD FOR PRODUCING CARBON NANOTUBES USING A DC NON-TRANSFERRED THERMAL PLASMA TORCH
<b>Attorney Docket Number:</b>	SWAB-0003
<b>Request for Early Publication:</b>	No
<b>Request for Non-Publication:</b>	No
<b>Suggested Drawing Figure:</b>	1
<b>Total Drawing Sheets:</b>	15
<b>Small Entity?:</b>	Yes
<b>Latin name:</b>	
<b>Variety denomination name:</b>	
<b>Petition included?:</b>	No
<b>Petition Type:</b>	
<b>Licensed US Govt. Agency:</b>	
<b>Contract or Grant Numbers:</b>	
<b>Secrecy Order in Parent Appl.?:</b>	

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Canada  
**Status:** Full Capacity  
**Given Name:** David  
**Middle Name:**  
**Family Name:** Harbec  
**Name Suffix:**  
**City of Residence:** Montreal  
**State or Province of Residence:** Quebec  
**Country of Residence:** Canada  
**Street of mailing address:** 5360 Victoria Ave., Apt. 2  
**City of mailing address:** Montreal  
**State or Province of mailing address:** Quebec  
**Country of mailing address:** Canada  
**Postal or Zip Code of mailing address:** H3W 2P3

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Canada  
**Status:** Full Capacity  
**Given Name:** Jean-Luc  
**Middle Name:**  
**Family Name:** Meunier  
**Name Suffix:**  
**City of Residence:**  
**State or Province of Residence:**  
**Country of Residence:** Canada  
**Street of mailing address:** 10246 St-Hubert  
**City of mailing address:** Montreal  
**State or Province of mailing address:** Quebec  
**Country of mailing address:** Canada  
**Postal or Zip Code of mailing address:** H2C 2H5

## **Correspondence Information**

**Correspondence Customer No.:** 23377

**Name:**

**Street of Mailing Address:**

**City of Mailing Address:**

**State or Province of Mailing Address:**

**Country of Mailing Address:**

**Postal or Zip Code of Mailing Address:**

**Phone number:**

**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## **Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
this application	An application claiming the benefit under 35 USC 119(e)	60/426,407	November 15, 2002

## **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
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## **Assignee Information**

<b>Assignee name:</b>	McGill University
<b>Street of mailing address:</b>	845 Sherbrooke Street West
<b>City of mailing address:</b>	Montreal
<b>State or Province of mailing address:</b>	Quebec
<b>Country of mailing address:</b>	Canada
<b>Postal or Zip Code of mailing address:</b>	H3A 2T5